DEPARTMENT OF DEFENSE BLOGGERS ROUNDTABLE FOLLOWING THE 2008 MILITARY FAMILY FORUM PARTICIPANTS: MAJOR GENERAL JOHN MACDONALD, COMMANDER, FAMILY AND MORALE, WELFARE AND RECREATION COMMAND; DELORES JOHNSON, FAMILY PROGRAMS DIRECTOR, FAMILY AND MORALE, WELFARE AND RECREATION COMMAND; COLONEL CARL JOHNSON, CHIEF, ARMY CASUALTY AND MORTUARY AFFAIRS OPERATIONS CENTER; COLONEL ELSPETH RICHIE, MEDICAL DIRECTOR, STRATEGIC COMMUNICATIONS, ARMY MEDICAL DEPARTMENT TIME: 4:55 P.M. EDT DATE: MONDAY, OCTOBER 6, 2008

Copyright (c) 2008 by Federal News Service, Inc., Ste. 500 1000 Vermont Avenue, NW, Washington, DC 20005, USA. Federal News Service is a private firm not affiliated with the federal government. No portion of this transcript may be copied, sold or retransmitted without the written authority of Federal News Service, Inc. Copyright is not claimed as to any part of the original work prepared by a United States government officer or employee as a part of that person's official duties. For information on subscribing to the FNS Internet Service, please visit http://www.fednews.com or call(202)347-1400

(Note: Please refer to www.dod.mil for more information.)

LINDY KYZER (Army Public Affairs): Okay. We're going to -- we're going to go ahead and get started right now with the -- with the roundtable. General MacDonald will be coming in halfway through, but we do just want to make sure that -- so for everyone's time, that folks have a -- have a chance to speak.

We did have multiple panelists at the family forum, so who we have with us now are those individuals at the family forum -- who were speaking at the family forum. I will ask them to introduce themselves and then -- and then we'll go ahead and get started.

 $\mbox{MS.}\ :\ \mbox{And could we also have the people in the room introduce themselves, too?}$

COL. RICHIE: I'm Colonel Richie. I'm a psychiatrist at the Army Surgeon General's Office. My job title is medical director of Strategic Communications.

COL. JOHNSON: I'm Colonel Carl Johnson. I'm the chief of Casualty and Mortuary Affairs for the Army.

MS. JOHNSON: I'm Delores Johnson, I'm director of Family Programs.

 $\ensuremath{\mathtt{MS.\ KYZER:}}$ Can the folks in the room who are here introduce themselves?

(Introductions all off mike.)

And then the people on the phone, if you could introduce yourself?

COL. JOHNSON: It beeped. I say we lost them.

 $\ensuremath{\mathsf{MS}}.$ KYZER: Do we have anyone on the phone line? Would you mind introducing yourself?

- Q Hi, this is CJ from A Soldier's Perspective.
- MS. KYZER: Great, CJ.
- Q And of course, Grim of blackfive.net.
- MS. KYZER: Great. Thanks, Grim.

We'll go ahead, and if our -- if our panelists have any kind of remarks or any other further introductions or do we want to go straight to questions?

MS. JOHNSON: Were you all upstairs and got our --

MS. KYZER: Yeah.

MS. JOHNSON: So we can -- we've probably done the remarks, so -- although I know I, at least, went over things pretty quickly, and I think you all did, too.

COL. JOHNSON: Yep.

MS. JOHNSON: So we're happy to go into more detail.

MS. KYZER: Do you have any questions?

 $\ensuremath{\mathtt{Q}}$ Regarding the benefits counselors, how many, and when do they start?

 $\,$ MS. KYZER: The question was about benefits counselors, how many and when do they start.

COL. JOHNSON: The benefits counselors are part of the survivor outreach services program that we're -- we're rolling out for the Army, for those who weren't here.

MS. JOHNSON (?): The benefit counselors are going to be attached to the Casualty Assistance Center at each of the communities. There are 33. There are two overseas, three in Germany, and then the 31 in the United States. So each of those will get a benefits counselor. But there will also be additional Casualty Assistance Center staff, so -- to be able to handle some of the workloads. The Casualty Assistance Center staff typically has been about two people, and there just has not been enough people to do all the training that's necessary for the casualty assistance officers and provide the support that's needed.

MS. KYZER: And we do have General MacDonald joining us now, so we're pleased to have him here.

Thank you, sir.

COL. RICHIE: If I could just add, one of the interesting perspectives for the casualty assistance officers -- and I think this predated you, sir -- is at the time of 9/11, there were a lot of casualty assistance officers who didn't feel that well prepared for what the job and the mission was. And since that time, from the outside perspective, I'm seeing an incredible effort to improve their training, to make sure they're doing everything that's needed to help them because it's such a heavy requirement on the casualty assistance officers

themselves and the casualty notification officers. So that's something that your office, I think, has been working very hard on for the last seven years.

GEN. MACDONALD: Yeah. Beginning in about 2005, then-secretary of the Army required a more standardized approach to casualty assistance officer training and casualty notification officer training. And since that time, that training has come to the department level under the Casualty-Mortuary Affairs Operations Center. We've done a standardized training. It's been pushed out to the Casualty Assistance Centers to execute locally. In addition, there's webbased training, et cetera, that's on the Web.

So that before they go out, they do the training, and then they may have to execute their mission three months later. It gives them an opportunity to go back to the website, get refreshed again on what are the key things that I need to think through before I sit down and meet with this family. And so I think it's improved dramatically over the last several years.

Q (Off mike) -- counselors be hired?

MS. JOHNSON: We're ramping up now, so they'll start being hired now. Of course, it will take time. Civilian personnel, (we'll track?) the hires as we go through so we make sure that we're giving it high visibility, the same way we did with the -- (inaudible) -- hiring.

MS. KYZER: Any other questions?

Q (Off mike.) I mean, how are you going to be sure that those casualty assistance officers get the support that they need, not just with the meeting, but what happens afterwards?

COL. JOHNSON: One of the parts -- with the casualties, we have two folks that we're really kind of talking about. You have the notification team, and that's the one that delivers the news to the family that they've lost their soldier. And there we put a chaplain with the vast majority of those notification teams. Generally speaking, about 88 percent of those notifications have a chaplain there.

The chaplain is there for two reasons; one, to support the person who's being notified, to help to provide them some kind of spiritual -- whatever spiritual support they need. But he's also there or she's there to provide support to the notifier, to the soldier who's providing that -- (inaudible). So that's one of the first things. And the secretary of the Army has made it one of his major goals to (improve?) how many notifications have chaplains with them. For example, I brief him every month on how well we're doing with that. That's how important he thinks that is.

Now, for the casualty assistance officers, part of the training that we've done to improve training talks through that kind of grief counseling, talks through with those casualty assistance officers, hey, it's okay to feel bad, it's okay to have a bad day as you're supporting this family. But when you do, reach out to somebody and let them know. And there's nothing wrong with letting somebody know that, hey, this is tough, and when it gets too much, raise your hand.

MS. JOHNSON: If I could broaden your question a little bit, because we're concerned -- it's been a long war. We're concerned about the CNOs and CAOs. We're also concerned about the people who work in Mortuary Affairs.

We're concerned about medical providers and about the chaplains themselves. When I talk to general officers' wives or sergeant majors' wives, many of them have been to many, many funerals.

In the Army Medical Department, we've developed what's called provider resiliency training, which is a new product that we're rolling out to try to first of all assess what really is the need, because there's an anecdotal need, and then secondly to say, what can we do about it? And this is a challenge. There's not an easy solution set, because these are very, very emotionally difficult and draining experiences.

MR. : Let me answer the other side of that. (Off mike.)

We go up to Dover. We're on duty every six weeks and we bring our soldiers home at Dover when they first touch American soil. At the height of the conflict, that was 21 at a time. Now fortunately it's 1 or 2 a week. And we also do funerals as general officers. There is an active duty general officer at every funeral of every soldier who comes back.

I've been to one in the Philippines. I've got friends who have done them who have been to Russia. So we do those all over. It's tough but it's gratifying when you get done. And you grow in your own resiliency and you come out the other side to realize that it is only this organization, with its values, that does this for its own in the military, all the services.

So there's tough parts of it, but it's a very gratifying experience. When you get the call, it's never a great time. But you always realize, number one -- (off mike).

- MS. KYZER: Are there any other questions?
- Q I have a question.
- MS. KYZER: (Off mike) -- when answering or when asking questions.
- Q Am I able to ask a question?
- Q I'm an Army spouse and I was an Army mom. He's out on his own.
- O Hello.
- $\mbox{MS.}\mbox{}$: We have a question being asked. Hang on for one moment. Q $\mbox{}$ Okay.
- Q What I started was a fund for Army parents, for the parents of -- (off mike). Because I don't think that there is -- (off mike).

(Off mike.) How do I find out anything? And what is this language that someone is speaking? (Laughter.)

Now, I can get them to an acronym stage. (Off mike) -- trying to find boot camp, basic training, please don't do it; you'll get a migraine.

I hate to say it, but the Marine Corps does it right.

They set up a tool. They set up a space for all those parents of that one class going in. They (give them instruction ?). They give them -- by the

time you get here, this is what you're going to have to do to get engaged. I've got parents who don't know. And I know, the soldiers are supposed to tell them, but yeah right; I mean, this is a 19-year-old kid going into the military. He's got a whole lot more to worry about than keeping mom in touch. So what can the Army do?

GEN. MACDONALD: Well, I'd be thrilled to read this, to show us what the Marine Corps does or show me where the site is. And I'm -- I will give them the greatest form of flattery: I will copy them directly.

Q Okay.

GEN. MACDONALD: And what we'll do is give them the Accessions Command. Accessions Command has all the basic training types. Now, garrisons have run all those for this, and we put that right on the front page of those. You can get it either in the Accessions Command or Army One Source or garrison page as well. So if you'll help us do that, because you're right, we have them write letters, mandatory write letters. I know, it's not it's not enough.

Q It's not.

GEN. MACDONALD: So to help us solve this problem, that's a great-- I will copy them very quickly.

Q Okay, sir. (Laughs.)

GEN. MACDONALD: We'll do that instantaneously.

And I got good friends in the Marine Corps, in the Morale, Welfare and Recreation business. General Tim Larsen just took that over, and he'll help me in a heartbeat.

Q Okay.

GEN. MACDONALD: Good.

MS. : We had a question on the phone.

MS. KYZER: For our folks via phone, I'm sorry if you're having trouble hearing us. We do -- we do have space for your questions. Anyone on the phone have a question? Q Hey, this is C.J. from A Soldier's Perspective. I do have a question.

Can you hear me?

MS. KYZER: C.J.?

Q Hi, my question is, with the casualty assistance officers, is -- are we setting up some sort of pool where those who would like to have the honor of being a CAO are pulled from, or are all the CAOs strictly chosen by HRC and other commands? Kind of -- if you can tell me how -- what the process is and whether or not y'all accept volunteers for these types of assignments.

COL. JOHNSON: We have all of the above. The casualty assistance officers come out of our units. So, for example, Fort Stewart is -- owns a casualty assistance center at Fort Stewart. They, based on the number of casualties that they have historically had, based on the fact whether -- how

many units they have deployed and how many casualties they expect they will probably sustain, they develop a tasking that goes out that says each unit provides X number of casualty assistance officers to be trained.

So that's one way we do it. And then they go through the training. They're ready to go when they're called.

Additionally, I have a number of casualty assistance officers who do that full-time. That's their full-time job. And I have a number of casualty notification officers who do that as their full-time job. Those are primarily recalled Reserve soldiers or recalled retiree soldiers, and those are scattered throughout the nation.

And so where they can, where they're available, and if there's a particularly difficult case, and we know that's going to be a difficult case, for whatever reason, we'll grab one of those casualty assistance officers who are very well experienced. And then they'll take that case and move that through.

So again, it's all of the above.

Q Thank you, sir.

MS. KYZER: And Grim, did you have a question?

Q Not at this time. I've been having trouble hearing, so I'm not sure what's all been said already.

MS. KYZER: Oh, I'm sorry.

 ${\tt MS./COL.}$: And that was Colonel Johnson who was answering that last question, unless -- in case you didn't catch his name, since he didn't introduce himself, as he was directed to.

COL. JOHNSON: I'm sorry. (Laughter.)

MS./COL. : He's such a great moderator. (Laughter.)

 ${\tt Q} \hspace{0.5cm} {\tt I} \hspace{0.5cm} {\tt guess} \hspace{0.5cm} {\tt I} \hspace{0.5cm} {\tt do} \hspace{0.5cm} {\tt have} \hspace{0.5cm} {\tt another} \hspace{0.5cm} {\tt question}, \hspace{0.5cm} {\tt then}, \hspace{0.5cm} {\tt if} \hspace{0.5cm} {\tt no} \hspace{0.5cm} {\tt one} \hspace{0.5cm} {\tt else} \hspace{0.5cm} {\tt is} \hspace{0.5cm} {\tt asking}.$

MS. KYZER: Go ahead, CJ, and then we'll point it back to the folks in the room.

Q Okay. Sir, my other question -- I just got finished reading the book "Final Salute" by Jim Sheeler. And after reading that -- because it's about casualty assistance officers and casualty notification officers -- it's pretty clear that that's a pretty somber and difficult job to do. So my question would also be, are we kind of looking out for the well-being and mental fitness of these guys, who have such a difficult and taxing job out there notifying these families? Are they being taken care of as well, looked after?

COL. JOHNSON: That was a question asked here.

Q Oh, I'm sorry. I couldn't hear either.

COL. JOHNSON: I guess part of the answer that we talked about is, yes, in a variety of ways. Specifically within the casualty notification officers, SecArmy stresses the requirement to have a chaplain with that soldier when they do the initial notification. Two reasons: One, to provide for the spiritual needs of that family member who's being notified, but secondly, to provide to the spiritual needs and the needs of the soldier actually doing the notification.

Additionally, in our training that we provide to our casualty assistance officers/casualty notification officers, we stress the fact that we know it's a stressful -- it's a tough job. We stress the fact that it's okay to say, "Hey, this is tough," and raise their hand and say, "I need to talk to somebody about this." And we've done a lot better about that over the last couple of years.

COL. RICHIE: This is Colonel Richie. As a psychiatrist, I'd like to add to that and make it more complex, because one of the things I've seen -- and I bet everyone here has as well -- is people do fine when the mission is going on. And they're not going to raise their hand for help, or if they do, it's just to make sure their soldiers know it's okay to raise their hand for help.

What we really need to think about is the long-term effect when everybody else is gone and the mission is over, where then it's just kind of you and your whatever. And so that's why, whenever I talk about these kind of subjects, I emphasize the transition to the VA, if somebody's going to go to the VA system; the transition to the civilian behavioral health care system. We don't have a chaplain at this table, but they have told me they're working with civilian clergy. And so how can you take care of the -- whoever it is -- (audio break) -- notification officer or others, not just for the three to six months of the mission, but the five to 10 to -- (audio break) -- years that the effects of the war will still be front and center for them.

MR. : And then General MacDonald had also had an observation on that as well, in the casualty assistance piece.

GEN. MACDONALD: I just -- (audio break) --

COL. RICHIE: Did you hear okay?

GEN. MACDONALD (?): CJ, can you hear me? CJ, are you still with us?

Q I think CJ just had a technical problem and dropped off.

GEN. MACDONALD (?): Okay. Thank you.

MS. KYZER: Maybe we can go to your question. Q Yes. (Inaudible name) from the Army News Service. Maybe you'd follow up a little bit more on -- (inaudible) -- (audio break). What's involved in that? (Cross talk.)

MS. KYZER: The question's about the provider resiliency training.

COL. RICHIE: Yes. We have recognized for a while that the medical personnel specifically were at risk for what's called compassion fatigue or burnout or provider fatigue. The question is, you can recognize a problem, and then it's often harder to know what it is that is actually needed to do.

We had there -- and pretty much, people are familiar with stress management, you know. We all know that we're supposed to sleep right, eat right, don't smoke, don't drink too much. You're nodding in the back, there. The question becomes, how can you take -- how can you find out exactly what the need is and do the appropriate intervention that really works for the person that you're doing it for?

So this was approved by General Pollock. What we're doing first is a needs assessment, where we're surveying everybody in the Medical Command to find out specifically what's going on for them and then we're going to move their --some of the interventions into place as needed. And there's -- some of the interventions, as always, are educational -- just, you know, this is common reaction to this -- you're not crazy -- to normalize it, similar to what you were talking about.

Part of the intervention is to make sure that people get the recognition that they deserve, because sometimes what happens is they come back and they feel like nobody knows what they've gone through, especially for the individuals who are sent one-on-one through a -- (inaudible) -- unit and come back and they may come back to an environment that doesn't understand them. Part of it is accessing behavioral health care or chaplains in a low-stigma way, such as -- (inaudible) -- was talking about before. And I think part of it is going to be the really national recognition of the importance of what they've done, because to get them through the long period, similar to our wounded, there's got to be a recognition and a long-term nuturance of -- and support.

MS. KYZER: There any other questions?

Q (Off mike) -- like parents of soldiers, as well?

 ${\tt MS.}$ KYZER: The question was whether benefits counselors apply to parents of soldiers, as well.

MS. JOHNSON: Yes. If they are also -- Colonel Johnson can help me if they are the primary or secondary next-of-kin of the designated beneficiary, then the benefits counselor's going to be able to help them. But keep in mind that when you have -- (inaudible) -- access in the system, people are just going to begin to know a whole lot more about it, because they're going to be able to provide briefings to groups of people that talk generally about what these benefits are and what they mean. Right now, it's been pretty much focused on those group of survivors who are affected. And so I think what we're going to do really is kind of open the door for people to talk about grief and dying and about those issues associated with that and then put some assets out there to kind of bridge the gap.

And so this is where we talk about integration of services, integration being very important. The casualty assistance officer gets the first (sense?), sees how the family's doing, continues to see if people are engaged the way you are (doing/during?) a grief process, and then if things begin to look like people are, you know, backing up too far or having problems, you can bring in that support coordinator, and then that support coordinator can also then get that person, if they continue to decline, to mental health practitioners. And that's kind of the beauty of this, is we're going to open the door to have these discussions about death and dying that we haven't had before.

COL. RICHIE: This is Colonel Richie. I'd like to encourage you all to come on Wednesday to the family forum. My colleague Colonel Koza (ph) is a

child psychiatrist, and he's going to be talking about providing support to family members not just of the deceased but of the wounded. One of the areas that we know we have to think about more, for example, is brothers and sisters of those we've lost or those who are wounded. You mentioned parents. That's one group. But brothers and sisters who may not be beneficiaries may be another group that's affected that we need to think about. And many of them are children themselves, of course.

COL. JOHNSON: Just to clarify on your -- this is Colonel Johnson. Again, just to clarify on the benefits, any -- in accordance with the law, anyone who is designated as a beneficiary of a federal benefit for that soldier, whether it's part of the death gratuity, part of the serviceman's group life insurance or unpaid, (paid/pain?) allowances, et cetera, whatever that federal benefit is, is we are here to provide them advice on how that benefit will be paid, when it will be paid, et cetera. So, anyone who is a beneficiary. So that survivor could be, in fact, a friend who was left part of the SGLI. By law we're required to, and we do, talk to that person, tell them about the benefit, et cetera.

Q I talk to parents who -- (off mike) -- been buried. They had trouble finding out in one case even where their son was going to be buried.

COL. JOHNSON: In some cases -- see, that's -- yeah, that's a different question from what's the benefit. That gets into -- what the secretary did to address that was require us to assign a casualty assistance officer to parents, as well, even to the parents of married soldiers, which is a dramatic improvement. Some of the stories that we heard from 2004, 2003 led us to go to the secretary and say, sir, we have a problem. And so he resourced it and said, you know what; we're going to go ahead and resource a second set of CAOs. And so if a father and mother are divorced, and then there's a spouse, that will be three CAOs for that family.

If a father and mother are divorced, there's a spouse, and then there's a child in foster care, we're going to assign a CAO to that child as well. So we now reach out as far as we need to, to assign casualty assistance officers to help all the members of the families.

GEN. MACDONALD: Let me take this all the way to its fruitful end, not to end the event but to talk about what our program is about. One of the reasons that we go back involved in this -- this is General MacDonald, by the way -- (laughter, cross talk) -- we work together a lot, as you can see -- is the end state that we found with our wonderful surviving spouses who wanted to come back to Fort Hood or come back to Fort Bragg or come back to Fort Campbell, because they wanted to help. They wanted to train young spouses and show them what they had learned. They wanted to be involved as spouses were making financial decisions, so they didn't make the same ones wrong or right they had made.

And so part of this is the end state of putting together support coordinators who coordinate the surviving spouse groups, so that they can be the ones to come teach; who more powerful than a surviving spouse to come talk to young private and lieutenant wives about why this is important? So we're really excited about the full range and the reintegration of our surviving spouses with our support coordinators to bring them back in.

MS. KYZER: Are there any other questions?

Q (Off mike.)

GEN. MACDONALD: Mr. Elliott asked about housing in schools. Our policy is that you can -- you automatically stay in housing for a year if you want to, and we'll extend into the year after that. For schools, if you're in one of the DoDDs schools -- and only 9 percent of our kids are in DoDDs schools -- that includes overseas, so in the United States it's a very small percentage.

We're looking to pass legislation. Right now it's year to year. But the legislation is going to say they can stay in school -- even if you move off-post they can stay in a non-post DoDDs school until the next school break, school break meaning elementary school to middle school, middle school to high school. So, if he's a first grader, he's on till -- if that's a one through six, or K through six, stays through sixth grade if that's what they decide. There's a continuity with their classmates; there's a continuity with their school. And then generally when they go to middle school, they all mix up anyway and they change and go to different places.

So that's that the legislation piece is going in front of, and that's what DoDDs is going to do year to year until the legislation piece goes through. It may become an executive order. I saw what Dr. Chu had written, so if the Congress doesn't act quickly, he may get the president to do an executive order. Instead of doing a lot of clemency, he's going to do a lot of executive orders this time.

MS. KYZER: I think that completes our roundtable, if you don't have any more questions. Thank you so much, everyone, for being here. Is there anything else we've missed?

GEN. MACDONALD: No. We appreciate all of you coming and being interested. It's a huge deal that you care enough to write, for you who are on the blog. We appreciate your medium that you get out and how you get it to all of our young listeners. You're very effective at this. So, thank you all very much.

END.